D	Doc Code: TRAN.LET											
D	ocum	ent Desc	cription	: Transmitta	l Lette	r					PTO/SB/21 (07-09)	
ı	Approved for use through 07/31/2012. OMB 0651-0031 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE											
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						Filing Date December 22,						
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থ	(to	be used for	all correspo	ondence after initial	filing)			Kim M. Lewis				
(to be used for all correspondence after initial filing)  TRADEN  Total Number of Pages in This Submission  10					Attorney Docket Number	er RC	RO0989US.RO			90568)		
	ENCLOSURES (Check all that apply)											
	X					Danida (a)		After Allowance Communication to TC				
		_	mittal Form			Drawing(s)		-		Appeal Communication to Board of Appeals and Interferences		
		X Fe	ee Attached			Licensing-related Papers						
	X	<u> </u>			П	Petition					Communication to TC Notice, Brief, Reply Brief)	
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		After Final				Provisional Application Power of Attorney, Revoca	ation			•	tary Information	
	l	Affidavits/declaration(s)				Change of Correspondence				Status	Letter Enclosure(s) (please Identify	
,	X Extension of Time Request			Ш	Terminal Disclaimer				below)			
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	I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on											
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This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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tk Reduction Act of 1995 no persons are required to respond to a collection of information unless it displays a valid OMB control number MADEM Effective on 12/08/2004. Complete if Known Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). 10/532,999 **Application Number** TRANSMIT December 22, 2005 Filing Date For FY 2009 Marc Riemenschnitter First Named Inventor **Examiner Name** Kim M. Lewis Applicant claims small entity status. See 37 CFR 1.27 Art Unit 3772 AND UNIT OF DAYMENT (A)

TOTAL AMOUNT OF PAY	MENT (\$)	130.00		Attorney Docke	t No. RO	0989US.RC	E2 (#90568)			
METHOD OF PAYMENT (check all that apply)										
Check X Credit Card Money Order None Other (please identify):  Deposit Account Deposit Account Number: 08-2441 Deposit Account Name: D. Peter Hochberg Co., L.P.A.  For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)										
Charge fee(s) indicated below  Charge fee(s) indicated below, except for the filing fee										
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under 37 CFR 1.16 and 1.17  WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.										
FEE CALCULATION										
1. BASIC FILING, SEAF	FILING FE	ES all Entity	SEARC	CH FEES Small Entity	<u>s</u>	TION FEES	5 D.(14.40)			
Application Type	-	ee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fees Paid (\$)			
Utility		165	540	270	220	110				
Design		110	100	50	140	70				
Plant		110	330	165	170	85	<del></del>			
Reissue	330	165	540	270	650	325				
Provisional	220	110	0	0	0	0				
2. EXCESS CLAIM FEES Fee Description Each claim over 20 (including Reissues) Each independent claim over 3 (including Reissues) Multiple dependent claims Total Claims Extra Claims Fee (\$) Fee Paid (\$)  Small Entity Fee (\$) Fee (\$) Fee (\$) Multiple Dependent Claims Multiple Dependent Claims										
- 20 or HP =							Fee Paid (\$)			
Indep. Claims - 3 or HP =	HP = highest number of total claims paid for, if greater than 20.  Indep. Claims									
3. APPLICATION SIZE FEE  If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).  Total Sheets  Extra Sheets  Number of each additional 50 or fraction thereof  - 100 = / 50 = (round up to a whole number) x 270.00 = 0.00										
4. OTHER FEE(S) Non-English Specification, \$130 fee (no small entity discount)  Fees Paid (\$)										
Other (e.g., late filing surcharge): one-month extension of time										

SUBMITTED BY					
Signature	THE BLOOD	Registration No. (Attorney/Agent)	24,603	Telephone	216-771-3800
Name (Print/Type)	D. Peter Hochberg			Date Qu	9001, E1 OFW

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.